

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)**Docket Number (Optional)  
BEW-005

In re Application of	Leslie William ORGAN et al.	
Application Number	10/724458-Conf. #9862	Filed November 28, 2003
For	APPARATUS AND METHOD FOR DETERMINING ADEQUACY OF ELECTRODE-TO-SKIN CONTACT AND ELECTRODE QUALITY FOR BIOELECTRICAL MEASUREMENTS	
Art Unit	3739	Examiner Not Yet Assigned

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- |                                     |   |           |
|-------------------------------------|---|-----------|
| <input checked="" type="checkbox"/> | One month (37 CFR 1.17(a)(1))   | \$ 110.00 |
| <input type="checkbox"/>            | Two months (37 CFR 1.17(a)(2))  | \$ _____  |
| <input type="checkbox"/>            | Three months (37 CFR 1.17(a)(3))  | \$ _____  |
| <input type="checkbox"/>            | Four months (37 CFR 1.17(a)(4))   | \$ _____  |
| <input type="checkbox"/>            | Five months (37 CFR 1.17(a)(5))   | \$ _____  |
| <input type="checkbox"/>            | Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 55.00 | _____     |
| <input type="checkbox"/>            | A check in the amount of the fee is enclosed.   | _____     |
| <input type="checkbox"/>            | Payment by credit card. Form PTO-2038 is attached.  | _____     |
| <input checked="" type="checkbox"/> | The Director has already been authorized to charge fees in this application to a Deposit Account.   | _____     |
| <input checked="" type="checkbox"/> | The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 12-0080                | _____     |

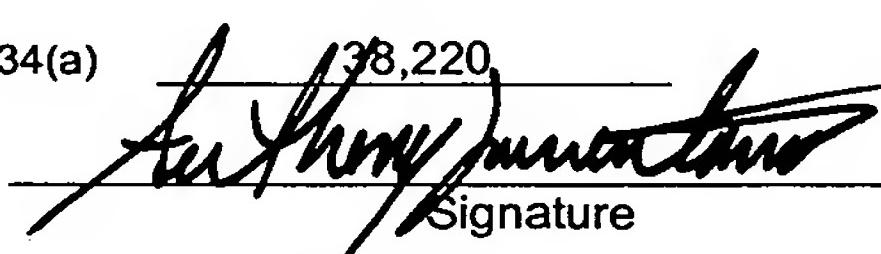
I have enclosed a duplicate copy of this sheet.

- I am the  applicant/inventor.  
 assignee of record of the entire interest. See 37 CFR 3.71.  
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  
 attorney or agent of record. Registration Number \_\_\_\_\_  
 attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a) 38,220

June 10, 2004  
Date

(617) 227-7400  
Telephone Number

  
Signature

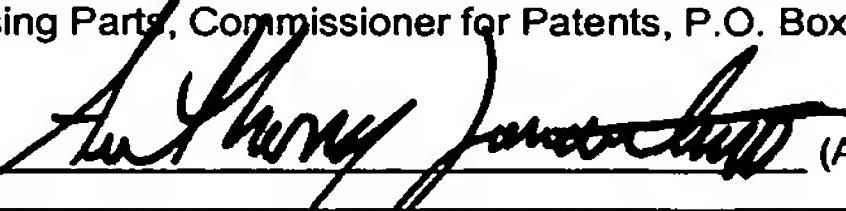
Anthony A. Laurentano  
Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

Total of 1 forms are submitted.

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 377 651 329 US, in an envelope addressed to: MS Missing Parts, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: June 10, 2004

Signature: 

(Anthony A. Laurentano)